

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS     | ID NO.        | DATE                              |
|---------------------|--------------|---------------|-----------------------------------|
| FEE DETERMINATION   | <i>D.B.</i>  | <i>200008</i> | <i>7-27-99</i>                    |
| O.I.P.E. CLASSIFIER |              | <i>48</i>     | <i>8/4/99</i>                     |
| FORMALITY REVIEW    | <i>64477</i> |               | <i>8-13-99</i><br><i>10-29-99</i> |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
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| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
| 20             | ✓    |
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| 25             | ✓    |
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| 27             | ✓    |
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| 46             | ✓    |
| 47             | ✓    |
| 48             | ✓    |
| 49             | ✓    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 149            |      |
| 150            |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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